Nurses for Newborns

7259 Lansdowne Ave. Suite 100 St. Louis, MO 63119

May

Check Requisition

This form is to be used to request a check when no vendor invoice is available. Other types of pertinent documentation must accompany this form. Recipts or invoices recieved after the fact should be forwarded to Finance.

Total Amount Requested: 268.74 Date Needed: ____/____/____

Purpose (seminar, etc. & attendees): [redacted]

Vendor Information

Name: Amerin

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Contact: _____

Please attach a complete W-9 for initial (new) payments to landlords or vendors providing services.

Requested By: mc

Date Requested: 5 / 23 / 17

Approved By: _____

Approval Date: ____/____/____

(FOR OFFICE USE ONLY)
G/L Account:_____

ALTERNATIVES TO ABORTION PROGRAM

Assistance Request

This form is to be completed by an NFN Nurse ONLY and must be completed entirely for timely approval and submission.

DATE: 5 / 11 / 17 CLIENT NAME: [redacted]

The above named client is requesting assistance through NFN's ATA Program for the following:

___ Rent
(if new request, a W-9 and Lease MUST accompany this form)

_✓_ Utility
(if Ameren, provide account number and account holder's name; if Laclede, provide bill)

___ Transportation
(if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)

___ Other
(Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST accompany this form)

Landlord/Utility/Other NAME: AMEREN

BILL TOTAL: $ 268.74 AMOUNT YOU ARE PAYING: $ 0 AMOUNT REQUESTED: $ 268.74

OTHER RESOURCES ATTEMPTED FOR ASSISTANCE (must list at least three):

1. _____ Agency Representative: _____
2. _____ Agency Representative: _____
3. _____ Agency Representative: _____

I understand this is a one-time payment. This assistance is intended to assist you in the delivery of a healthy baby or in keeping your child on target developmentally. I have completed a ***Budget Form*** *and* ***Individualized Pregnancy Continuation Plan*** *(IPCP) with my nurse in order to ensure my ability to pay this bill in the future.*

[redacted] 5/11/17
(date)

(RN signature) 5/11/17
(date)

IPCP Completed/Submitted: _____ (initial) Budget Form Completed: _____ (initial)

Date Received: _____ Date Pledged/Submitted for Payment: 5/22/17

Ameren MISSOURI

- AmerenMissouri.com
- 1.800.552.7583
- PO Box 790352 St. Louis, MO 63179-0352
  for correspondence only

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Current Charge Detail for Statement 05/02/2017

Electric Energy Charge - Residential	$27.38
Electric Customer Charge - Residential	$9.01
Fuel Adjustment Charge	$0.39
Energy Efficiency Investment Charge	$1.22
Florissant Municipal Charge - Service	$2.86
Payment Agreement Default	$196.44
Late Pay Charge @ 1.5%	$1.06
Prior Balance	$30.38
Amount Due	**$268.74**

AMOUNT DUE $268.74

Due Date: 05/23/2017

Account Number
Customer Name
Service Address
[redacted]

Previous Statement $70.38

Your Payment Agreement has defaulted due to a missed payment.
If the prior balance has been paid, pay current amount of $238.36 only.

Electric Service from 03/30/2017 - 04/30/2017 — 31 Days

	Meter Number	Current Reading	Previous Reading	Current Usage	Reading Type
E	[redacted]	052346	052034	312 kWh	Actual

Electric Service Details — May Statement

Electric Usage in Kilowatt Hours (kWh)

Electric Usage Summary (kWh)

This shows how much electric energy you've used at this address

Usage from Oct 2016 to May 2017

[redacted]

Invest Your Tax Refund In Long-Term Savings.

Get paid to upgrade your heating and cooling system through a participating contractor.

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- up to **$900** — Air Source Heat Pump
- up to **$2,000** — Geothermal Heat Pump

Visit AmerenMissouri.com/hvac to learn more.

> > See reverse for messages

Please return this portion with your payment.

Ameren MISSOURI

☐ Check if you have address changes on back.

AMOUNT DUE	Due Date
$268.74	May 23, 2017
Delinquent Amount After Due Date	**Account Number**
$272.80	[redacted]

Amount Enclosed: $

[redacted]

AMEREN MISSOURI
PO BOX 88068
CHICAGO IL 60680-1068

[redacted]